Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

| CLAIMS AS FILED - PART I | | | | | | | | SMAL | L ENTITY | • | OTHE | R THAN | |
|--|--|---------------------------------------|-------------------------|----------------|----------|---|---------------------------------------|----------|-------------------|------------------------|----------|---------------------|------------------------|
| F | OB | · · · · · · · · · · · · · · · · · · · | (Column 1) NUMBER FILED | | | (Column 2) NUMBER EXTRA | | | TYPE | | OF | SMALL | ENTITY |
| FOR | | | NUMB | EH FILEL |) | NUMBER | EXTHA |]] | RATE | FEE |] | RATE | FEE |
| BASIC FEE | | | | | | | |] | _ | 380.00 | OR | | 760.00 |
| F | OTAL CLAIMS | | M | 7 minu | ıs 20= | ت 🛊 | |] [| X\$ 9= | | OR | X\$18= | |
| | INDEPENDENT CLAIMS # minus 3 = * | | | | | | X39= | | OR | X78= | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | |] [| +130= | | OR | +260= | | | |
| * 1 | * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | 7 | OR | TOTAL | Ild. | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL | ENTITY | - OR | OTHER | | |
| | | CL | MS | | 1 | HIGHEST | Y | ı | | ADDI- | ٦ | | |
| AMENDMENT A | | / AF | UNING TER DMENT | | PI | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | TIONAL | to. | RATE | ADDI- TIONAL FEE |
| NON | Total | · 1 | 4 | Minus | ** | <u>20</u> | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent FIRST PRESE | * C | N OF MI | Minus | EPENI | ENT CLAIM | = | | X39= | | OR | X78= | |
| | | | | | <u> </u> | ZENT OBAIN | | | +130= | | OR | +260= | |
| | | | | | | • | | | TOTAL | | OR | TOTAL | |
| | · | (Colu | mn 1) | | (| 'alumin (1) | (Caluma 0) | AI | DDIT. FEE | | _ | ADDIT. FEE | |
| _^ | | CLA | | | | Column 2) HIGHEST | (Column 3) | _ | | | | | |
| MENDMENTE | | REMA AFT AMENO | ER | | PF | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NO. | Total | • 17 | <u> </u> | Minus | ** | · · · · · · · · · · · · · · · · · · · | = | | X\$ 9= | | OR | X\$18= | |
| AM | Independent FIRST PRESE | • Z | N OF MI | Minus | EPENID | SENT CLAIM | = | | X39≈ | | OR | X78= | |
| | | | | , em el b. | | EIVI CEAIN | · · · · · · · · · · · · · · · · · · · | | +130= | | OR | +260= | |
| | | | | | | | | AD | TOTAL DIT. FEE | | OR | TOTAL ADDIT. FEE | |
| - | | (Colur | | , | | olumn 2) | (Column 3) | | | | , | | |
| ובואו | | CLA REMAI AFT AMEND | NING ER | | PR | HIGHEST NUMBER EVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | FEE |
| | Independent | • | | Minus | ••• | | = | \vdash | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | F | X39= | | OR | X78= | | |
| • If | the entry in colur | nn 1 is les | s than the | e entry in col | umn 2 | withe "O" in col | umo 3 | Ŀ | 130= | <u></u> | OR | +260= | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |
| ' | ne rignest Num | per Previo | usly Paid | For (Total o | or Indep | endent) is the | highest number | found | in the app | ropriate box | in colu | ımn 1. | |

THE TOLM IS TOL THAT FKHAT LALO RES ONTA It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

| APPLICATION NUMBER: | 09/303587 |
|---------------------|-----------|
| • | |

| Total Fee Calculation | | | | | | | | |
|-------------------------|------------------|-------------------|-----------------|-----------|------------|-------------|----------|-------|
| | Fee Code | Total # Claims | Number Extra | <u> x</u> | Fee | Fee | = | Total |
| | Sm/Lg. | | | | Sm. Entity | Lg. Entity | , | |
| Basic Filing Fee | 201/101 | | | | | | = | 760 |
| Total Claims >20 | 203/103 | 17 -20 | - | X | | | = | |
| Independent Claims >3 | 202/102 | <u>J</u> -3 = | | х | | | = | |
| Mult. Dep Claim Present | 204/104 | | | | ***** | | = | |
| Surcharge | 205/105 | · . | | | | | = | 130 |
| English Translation | 139 | | | | | | | |
| TOTAL FEE CALCUL | ATION | | | | | | | 820 |
| Fees due upon filing t | the application: | | | | . • | • | . | |
| Total Filing Fees Due | := \$ | 8 | 90 | | | | ٠ | |
| Less Filing Fees Subr | nitted -\$_ | Ģ | D. | | , ! | | | |
| BALANCE DUE | =\$ | 89. | | _ | | | | |
| Office of Initial Paten | t Examination | | | | | · • | | |
| and Taten | | | | | | | | |

FORM OIPE-RAM-01 (Rev. 12/97)